

HIPAA CROSSWALK – DC PUBLIC SCHOOLS
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Local Code & Modifier Description	Standard Code Description	Remarks
90841 PSYCHOLOGICAL SERVICE, EVALUATION	90805 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to- face with the patient; with medical evaluation and management services	Service must be performed by a Psychiatrist.
90841	90807 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to- face with the patient; with medical evaluation and management services	Service must be performed by a Psychiatrist.

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Local Code & Modifier Description	Standard Code Description	Remarks
90841	90809 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services	Service must be performed by a Psychiatrist.
90841 – PS PSYCHOLOGICAL COMPREHENSIVE EVALUATION	96100 Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour	Service may be performed by a Psychiatrist or Social Worker.

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90846 – PS FAMILY TRAINING/CONFERENCE BY PSYCHOLOGIST WITHOUT PATIENT PRESENT	90846 Family psychotherapy (without the patient present)	AH Clinical Psychologist	The AH modifier is required and must be the first modifier.
90846 – OT FAMILY TRAINING/CONFERENCE BY OCCUPATIONAL THERAPIST WITHOUT PATIENT PRESENT	90846 Family psychotherapy (without the patient present)	U1 Medicaid level of care 1, as defined by each state; Defined as Occupational Therapist when used with Family Psychotherapy	The U1 modifier is required and must be the first modifier.
90846 – PT FAMILY TRAINING/CONFERENCE BY PHYSICAL THERAPIST WITHOUT PATIENT PRESENT	90846 Family psychotherapy (without the patient present)	U2 Medicaid level of care 2, as defined by each state; Defined as Physical Therapist when used with Family Psychotherapy	The U2 modifier is required and must be the first modifier.

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
90846 – SP FAMILY TRAINING/CONFERENCE BY SPEECH THERAPIST WITHOUT PATIENT PRESENT	90846 Family psychotherapy (without the patient present)	U3 Medicaid level of care 3, as defined by each state; Defined as Speech Therapist when used with Family Psychotherapy	The U3 modifier is required and must be the first modifier.
90846 – SW FAMILY TRAINING/CONFERENCE BY SOCIAL WORKER WITHOUT PATIENT PRESENT	90846 Family psychotherapy (without the patient present)	AJ Clinical Social Worker	The AJ modifier is required and must be the first modifier.
90847 – PS FAMILY TRAINING/CONFERENCE BY PSYCHOLOGIST WITH ATIENT PRESENT	90847 Family psychotherapy (conjoint psychotherapy) (with patient present)	AH Clinical Psychologist	The AH modifier is required and must be the first modifier.

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90847 – OT FAMILY TRAINING/CONFERENCE BY OCCUPATIONAL THERAPIST WITH PATIENT PRESENT	90847 Family psychotherapy (conjoint psychotherapy) (with patient present)	U1 Medicaid level of care 1, as defined by each state; Defined as Occupational Therapist when used with Family Psychotherapy	The U1 modifier is required and must be the first modifier.
90847 – PT FAMILY TRAINING/CONFERENCE BY PHYSICAL THERAPIST WITH PATIENT PRESENT	90847 Family psychotherapy (conjoint psychotherapy) (with patient present)	U2 Medicaid level of care 2, as defined by each state; Defined as Physical Therapist when used with Family Psychotherapy	The U2 modifier is required and must be the first modifier.
90847 – SP FAMILY TRAINING/CONFERENCE BY SPEECH THERAPIST WITH PATIENT PRESENT	90847 Family psychotherapy (conjoint psychotherapy) (with patient present)	U3 Medicaid level of care 3, as defined by each state; Defined as Speech Therapist when used with Family Psychotherapy	The U3 modifier is required and must be the first modifier.

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90847 – SW FAMILY TRAINING/CONFERENCE BY SOCIAL WORKER WITH PATIENT PRESENT	90847 Family psychotherapy (conjoint psychotherapy) (with patient present)	AJ Clinical Social Worker	The AJ modifier is required and must be the first modifier.
H5300 – Y5 OCCUPATIONAL THERAPY EVALUATION	97003 Occupational therapy evaluation		
92506 – PS SPEECH PATHOLOGY EVALUATION	92506 Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	HA Child or Adolescent Program	The HA modifier is required and must be the first modifier

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<p>90855 – OT</p> <p>INDIVIDUAL THERAPY/COUNSELING BY OCCUPATIONAL THERAPIST</p>	<p>97110</p> <p>Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility</p>	<p>U1</p> <p>Medicaid level of care 1, as defined by each state; Defined as “Occupational Therapist per visit” when used with 97110.</p>	<p>Bill one unit of 97110 for one visit.</p>
<p>90855 – PS</p> <p>INDIVIDUAL THERAPY/COUNSELING BY PSYCHOLOGIST</p>	<p>90804</p> <p>Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient;</p>		<p>Service must be performed by a School Psychologist or Clinical Psychologist.</p>

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Local Code & Modifier Description	Standard Code Description	Standard Modifier Description	Remarks
90855 – PS	90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;		Service must be performed by a School Psychologist or Clinical Psychologist.
90855 – PS	90808 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	Service must be performed by a School Psychologist or Clinical Psychologist.	

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90855 – PT INDIVIDUAL THERAPY/COUNSELING BY PHYSICAL THERAPIST	Q0086 Physical therapy evaluation/treatment, per visit		
90855 – SP INDIVIDUAL THERAPY/COUNSELING BY SPEECH THERAPIST	92507 Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual		
90855 – SW INDIVIDUAL THERAPY/COUNSELING BY SOCIAL WORKER	90804 Individual psychotherapy 20-30 minutes;	AJ Clinical social worker	Modifier AJ must be the first modifier.

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90855 – SW	90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient	AJ Clinical social worker	Modifier AJ must be the first modifier.
90855 – SW	90808 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;	AJ Clinical social worker	Modifier AJ must be the first modifier.

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90857 – PS GROUP THERAPY/COUNSELING BY PSYCHOLOGIST	90857 Interactive group psychotherapy	AH Clinical Psychologist	The AH modifier is required and must be the first modifier.
90857 – OT GROUP THERAPY/COUNSELING BY OCCUPATIONAL THERAPIST	90857 Interactive group psychotherapy	U1 Medicaid level of care 1, as defined by each state; Defined as Occupational Therapist when used with Interactive Group Psychotherapy	The U1 modifier is required and must be the first modifier.
90857 – PT GROUP THERAPY/COUNSELING BY PHYSICAL THERAPIST	90857 Interactive group psychotherapy	U2 Medicaid level of care 2, as defined by each state; Defined as Physical Therapist when used with Interactive Group Psychotherapy	The U2 modifier is required and must be the first modifier.

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90857 – SP GROUP THERAPY/COUNSELING BY SPEECH THERAPIST	90857 Interactive group psychotherapy	U3 Medicaid level of care 3, as defined by each state; Defined as Speech Therapist when used with Interactive Group Psychotherapy	The U3 modifier is required and must be the first modifier.
90857 – SW GROUP THERAPY/COUNSELING BY SOCIAL WORKER	90857 Interactive group psychotherapy	AJ Clinical Social Worker	The AJ modifier is required and must be the first modifier.

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96117 – PS NEUROPSYCHOLOGICAL W/I+R EVALUATION	96117 Neuropsychological testing battery (eg, Halstead-Reitan, Luria, WAIS-R) with interpretation and report, per hour	HA Child or Adolescent Program	The HA modifier is required and must be the first modifier
97110 – Y6 PHYSICAL THERAPY EVALUATION	97001 Physical therapy evaluation	HA Child or Adolescent Program	The HA modifier is required and must be the first modifier

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<p>99205 – PS</p> <p>PSYCHIATRIC EVALUATION</p>	<p>99205</p> <p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.</p>	<p>HA</p> <p>Child or Adolescent Program</p>	<p>The HA modifier is required and must be the first modifier</p>

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<p>99215 – PS</p> <p>PSYCHIATRIC EVALUATION FOLLOW-UP</p>	<p>99215</p> <p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>	<p>HA</p> <p>Child or Adolescent Program</p>	<p>The HA modifier is required and must be the first modifier</p>

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99245 – PS CONSULTATION (MEDICAL)	99245 Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.	HA Child or Adolescent Program	The HA modifier is required and must be the first modifier

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99420 – PS INTERPERIODIC SCREENING	T1023 Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter		Service must be performed by a healthcare professional (Psychologist or Psychiatrist).
99421 – PS INTERPERIODIC SCREENING SUBSEQUENT	T1023 Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	52 Reduced services	Service must be performed by a healthcare professional (Psychologist or Psychiatrist). Modifier 52 must be the first modifier.

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Y2506 – Y9 AUDIOLOGY EVALUATION	V5008 Hearing screening	Only one standard code shown here may be billed for a single date of service by a single provider for the same recipient. Service must be performed by an Audiologist or Speech Pathologist. To determine if there is hearing impairment.
Y2506 – Y9	V5010 Assessment for hearing aid	To determine if the patient can be helped by a hearing aid. Service must be performed by an Audiologist or Speech Pathologist.
Y2506 – Y9	92506 Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status	To identify the specific cause of hearing loss. Service must be performed by an Audiologist or Speech Pathologist.

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Y2506 – Y9	92590 Hearing aid examination and selection; monaural	Service must be performed by an Audiologist or Speech Pathologist.
Y2506 – Y9	92591 Hearing aid examination and selection; binaural	Service must be performed by an Audiologist or Speech Pathologist.
Y2506 – Y9	92594 Electroacoustic evaluation for hearing aid; monaural	Service must be performed by an Audiologist or Speech Pathologist.
Y2506 – Y9	92595 Electroacoustic evaluation for hearing aid; binaural	Service must be performed by an Audiologist or Speech Pathologist.

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Y3527 – LE LEE PER DIEM RATE	T1018 School-based individualized education program (IEP) services, bundled	
Y3527 – PC PROSPECT PER DIEM RATE	T1018 School-based individualized education program (IEP) services, bundled	
Y3527 – SH SHARPE PER DIEM RATE	T1018 School-based individualized education program (IEP) services, bundled	

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Local Code & Modifier Description	Standard Code Description	Remarks
Y3527 – TS TAFT PER DIEM RATE	T1018 School-based individualized education program (IEP) services, bundled	
Y3527 – US UNION SQUARE DAY SCHOOL PER DIEM RATE	T1018 School-based individualized education program (IEP) services, bundled	
Y3990 – PS INITIAL ASSESSMENT	H2000 Comprehensive multidisciplinary evaluation.	

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Y3991 – PS RE-EVALUATION ASSESSMENT	99211 Office or other outpatient visit for the evaluation and management of an est. patient, that may not require the presence of a physician.		
Y9485 – PS THERAPEUTIC INTEGRATION SERVICE EA. 15 MIN. MAX 1 HR.	G0176 Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	HA Child or Adolescent Program	The HA modifier is required and must be the first modifier

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Y9495 – PS TRAINED HEALTH AID	T1020 Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)		

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T1000 – PS ONE WAY BUS TRANSPORTATION	T2002 Non-emergency transportation, per diem	U1 Medicaid level of care 2, as defined by each state	Modifier U1 is to be used only for a return (P.M) trip.
T1001 – PS ROUND TRIP BUS TRANSPORTATION	T2002 Non-emergency transportation, per diem	U2 Medicaid level of care 2, as defined by each state	Modifier U2 has been defined to indicate round trip when applied to a transportation service.